

Commissioner for Patents

From: John Tedrick

Subject:

Petition to make special my application number 10/795,855 for:

Wrench, adjustable with locking pin.

In accordance with Patent Office procedures I believe my applicatgion should be made special because of my age. I was 80 years old on my last birthday. Please see attached birth certificate.

September 4, 2004

John Tedrick

4937 South 86 East Avenue

Tulsa, Oklahoma 74145

BEST AVAILABLE COPY

BUREAU OF VITAL STATISTICS OKLAHOMA CITY. OKLAHOMA Place of Bitch Registered No. CV No State Universe FULL NAME OF CHILD ... If child is not yet named, make supplemental report as directed Sex of Male Twin, Triplet Number in order or Others of birth Legiti- yes (To be answered only in event of plural birth) Date of mate birth_ 23.19.23 FATHER MOTHER Maiden Name Residence Residence Age at last Birthday Color Age at last Birthday Cölor Birthplace Birthplace Occupation Occupation Number of children born to this mother, including present Number of children of this mother now living Did you use a one or two per cent silver intrate solution in this infant's eyes immediately after its birth? CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE Thereby certify that I arrended the birth of this child, who was on the date stated above. (Born Alive or Still when there was no attending physician or madwilk, then the father, hodge hottler, etc.; should make this retuen. A stillborn child is one that neither (Signature) breathes nor shows other evidence of life after birth. GIVE MAKE RESED PROR A CUPPLEMENTAL REPORTS (Physician or Midwife) REGISTRAR State Pepartment of Health

the official seal to be affixed, at Oklahoma City, Oklahoma, this date.

I hereby certify the foregoing to be a true and correct copy, original of which is on file in this office. In testimony whereof, I have hereunto subscribed my name and caused

State of Oklahoma

OKLAHOMA CITY, OKLAHOMA 73105

COMMISSIONER OF HEALTH

R. Le Roy Carpenter, M.D.

STATE RESISTRAR

CERTIFIED COPY MUST

HAVE RAISED SEAL

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State Bepartment of Health

COMMISSIONER OF HEALTH

State of Bklahoma

OKLAHOMA CITY, OKLAHOMA 73105

CERTIFIED COPY MUST

I hereby certify the foregoing to be a true and correct copy, original of which is on file in this office. In testimony whereof, I have hereunto subscribed my name and caused the official seal to be affixed, at Oklahoma City, Oklahoma, this date.

Rici 12 Tallen



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